

ICMJE DISCLOSURE FORM

Date: 4/3/2022

Your Name: Xurong Lian

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

Manuscript Number (if known): JPHE-21-100

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/3/2022

Your Name: Xin Zhou

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

Manuscript Number (if known): JPHE-21-100

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Date: 4/3/2022

Your Name: Baoli Zhu

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

Manuscript Number (if known): JPHE-21-100

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Your Name: Lei Han

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

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Date: 4/3/2022

Your Name: Jianrui Dou

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 70%; height: 20px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/3/2022

Your Name: Yuan Zhao

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

Manuscript Number (if known): JPHE-21-100

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 581"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 697 1516 800"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 4/3/2022

Your Name: Lang Zhou

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

Manuscript Number (if known): JPHE-21-100

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ICMJE DISCLOSURE FORM

Date: 4/3/2022

Your Name: Jianan Xu

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

Manuscript Number (if known): JPHE-21-100

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ICMJE DISCLOSURE FORM

Date: 4/3/2022

Your Name: Jing Liu

Manuscript Title: Technical specifications for COVID-19 prevention and control for Nucleic acid sampling point in Jiangsu Province

Manuscript Number (if known): JPHE-21-100

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.